

Norfolk Department of Recreation, Parks & Open Space Volunteer Application

Please print clearly and in blue or black ink.

Completion of the volunteer application does not guarantee placement or engagement as a City of Norfolk volunteer. Qualified volunteer applicants are considered without regard to race, color, religion, gender, national origin, age, sexual orientation, marital status or non-job related medical condition or disability.

Personal Informat	ion							
Title:	☐ Miss	□ Ms. □	□ Mrs. □	□ Mr.	Nickname:			
Full Name:					Driver's Lic. No.:			
Address:					City, State, Zip:			
Day Phone:					Eve Phone:			
Emergency Contact:					Relationship: Eve Phone:			
Day Phone:								
I am between the ages of:	. □ 15-17	□ 18-24	□ 25-40	1				
	□ 41-54	□ 55+	Note: Volunteers must be at least 15 years of age.					
Availability & Ass	ignment Re	equest						
I would like to volunteer _	hours per:	□ week	t □ month	า				
Desired start date:		Desired end date:						
Please mark the days and	d times you are	available to	volunteer.					
	londay	Tuesday		/ednesday	Thursday	Friday	Saturday	
Hours available:								
Please check all areas	of interest:							
□ Aquatics	☐ Computer	□ Computers		al events	☐ Thera	☐ Therapeutic recreation		
☐ Arts & crafts	□ Games &	□ Games & sports		assistant	☐ Other:			
☐ Clerical support	☐ Homewor	☐ Homework tutor						
Related Experience	е							
Education:								
School	hool Major		Highest Grade Completed		ed Degree/D	Degree/Diploma		
Employment and Volur							Paid Position?	
Employer/Agency Name Position		tion	Contact Person / Phone No.		No. Dates:	Dates:		
Do you currently hold any	special certific	ates, license	s or registra	ations (CPR, F	irst Aid, CDL, etc)?			

Interests & Skills What special skills, interests or hobbies would you like to share?									
What are your goals as a	volunteer?								
Do you have any special nee	eds or restrictions?								
Languages spoken (other the	an English):								
Are you volunteering in affilia	ation with an organizatio	n or special program (sch	ool, scouting program, c	ourt-ordered serv	vice, etc)?				
References Please provide two refere Name	nces that are familiar Relationship	with your academic, pr Addre		er service. Do no Phone No					
Criminal History Have you ever been conv A "yes" answer will not au explain fully. Attach other	itomatically bar you fro								
Certification & Ackn I hereby certify that all sta investigation of all matters of misrepresentation on this ap I understand and agree that	tements made in this ontained in this application will be cause for	application are true and on or data pertinent to my or refusal of placement or	volunteering. I acknowl immediate dismissal.	ledge that any fal	lse statements o				
wages or benefits and no pro I agree to indemnify and hol	omise, expressed or imp	olied, of consideration for for semployees and contract	future employment. tors harmless from any a	and all liability for	r any injury that				
might incur arising out of or Norfolk to use my name an compensation to me.									
Signature of Applicant:				Date:					
Signature of Parent/Guardia	n: (if under 18)			Date:					
Print Name of Parent Guardi	an:			<u> </u>					
		OFFICE USE ONL	<u></u>						
Name of Supervisor:				Phone No.:					
Volunteer Position Title:		Start Date:		End Date:					
		14/- J.	Th	Falster	0-1				
Mon-	day Tuesday	Wednesday	Thursday	Friday	Saturday				

Total hours per week: _____